

Integrating for a Better Tomorrow

AGENCY FOR INTEGRATED CARE
INAUGURAL YEARBOOK

EMPOWER



ENHANCE





ENABLE



Just like the dots and lines that form an integral part of an interconnected web, the Agency for Integrated Care (AIC) brings together patients, caregivers, and partners in the healthcare system to create an integrated ecosystem for a better tomorrow.

The AIC Yearbook highlights the work done by AIC from 18 August 2009 to 31 March 2011.

 The Agency for Integrated Care
is just a year old and is already
making impact in the long-term
care sector...when translated
into actual actions on the ground,
they make a world of difference for the
patients and their family members. 

Khaw Boon Wan

Health Minister (12 August 2004 – 20 May 2011)

Committee of Supply Debate on 4th March 2011

Our mission is To achieve the best health outcomes for our patients

The three ripples of our corporate logo represent our 3E strategy to Empower, Enable and Enhance. Our corporate colours – orange and green – exemplify Innovation, Positivity and Empathy.

The outward motion of the ripples embodies our commitment to reach out to our clients, stakeholders and collaborators to build a better healthcare system for the future.

EMPOWER

and
coordinate
access to
appropriate
care

ENABLE


stakeholders
to strengthen
the primary
and community
care sectors

ENHANCE

collaboration
to create a
well-connected
healthcare
system







« I'm happiest amongst friends.
I love talking to everyone I meet. »

Grandma Poh Chan
Nursing Home Resident

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Chairman's Message



The Agency for Integrated Care (AIC) was established in August 2009 to serve as the national healthcare integrator for Singapore. We work with the patient, healthcare provider and health system to create an integrated system that puts patients at the centre. AIC supports patients and their families through transitions across different care settings, partners and provides resources to the primary and community care sectors, and collaborates with stakeholders across the healthcare spectrum to build links, networks, shared processes and a vision for a better future health system.

Much of AIC's early work has been to engage our stakeholders at a deeper level, to hear their concerns and plan how best to fulfil their vision and aspirations. I am grateful to our partners for allowing us to get to know them better. To our patients and their families, thank you for sharing on ways AIC can serve you more effectively. We also appreciate the many views, plans and programmes from the primary, community and community mental healthcare providers to do even more good work. And to the many other stakeholders within the overall

health system, thank you for being part of our journey to tackle the challenges of enhancing integration. All of you have been patient, open and generous with your time. Many illustrious individuals have contributed extensively as members on committees such as the National Care Assessment Framework Committee and AIC's Medical Advisory Board. I speak for the AIC Board and Management in thanking all of you for sharing your ideas for greater collaboration and your vision for an integrated healthcare system, all of which has guided the early work of the Agency.

We have together made good progress in laying the foundation for a community care sector we can be proud of. This Yearbook documents some of our shared achievements. Over the past year and a half, we were able to roll out significant pilot projects that have helped improve care for the patients we serve. Besides the health sector, organisations including Temasek Cares, Community Foundation, INSEAD and the Tote Board have been generous in their support to cheer the sector on.

I would like also to commend the staff of AIC for their passion and dedication. The work of integration while meaningful is extremely challenging, more so for a new organisation that has had to define and establish very quickly its strategy, work charters and internal processes. I know many staff took on multiple roles and appointments and worked tirelessly. I wish to congratulate all AIC staff for a job well done. We have accomplished much together but will have to do much more to prepare Singapore for the growing numbers and needs of the elderly.

The Board and I are here to give our utmost support to our partners and staff in moving towards our vision for an integrated health system that achieves the best health outcomes for Singaporeans.

Chief Executive Officer's Message

New Beginnings

From its humble beginnings as the Care Liaison Service in Ministry of Health (MOH) and then the Integrated Care Services within the National Healthcare Group and Singapore Health Services, AIC was incorporated on 18th August 2009 as an independent organisation serving the key roles as a "national care integrator" and developer of the primary and community care sectors.

During the first few months, we had only a handful of people. We worked in temporary offices at Toa Payoh and Tampines and held our meetings at numerous venues - whoever was generous enough to host us. Throughout this period, we were most fortunate to receive a great deal of help and support from our key stakeholders: MOH assured us of its support and funding, which gave us peace of mind to plan for the longer term; MOH Holdings helped us recruit some of our core leadership and management team, and we quickly adapted a number of its operating policies; the National Healthcare Group very generously supported us with its HR and Finance systems, shared with us its internal policies against which we benchmarked, and guided us in setting up AIC's corporate governance and systems. Truly, AIC was born and also grew because of the excellent collaboration with these public healthcare organisations, for which I am most grateful.

From a committed core team of about 30 individuals and 37 ACTION Team members, AIC has now grown to be 300-strong. Our mission and charter have expanded significantly as the work to prepare Singapore's health system to meet the growing needs of the elderly

and chronically ill gained in urgency. AIC extended its referral services to a wide spectrum of Intermediate and Long-Term Care (ILTC) services, designed capability building and organisational excellence programmes for the community care sector and facilitated integration projects across the health system. More recently, community-based care innovation and productivity, and community mental health portfolios were added to our expanding roles and scope of work.

I am most thankful for the warm response we have received from our community care sector partners for AIC's early work and initiatives. As a new organisation taking its first tentative steps, we would not have done everything right. However, our partners' constructive feedback has helped us to improve the way we approach issues and design our offerings. From the courses at the AIC Learning Institute; collaborations on new quality initiatives; improvements to referral systems and processes; design of new care services such as transitional care, end-of-life care, and the Singapore Programme for Integrated Care for the Elderly (SPICE), and the expansion of home care services; to making information on long-term care more available and accessible to the general public and healthcare professionals; I speak for everyone in AIC when I say that we are humbled by the extensive contributions of our partners in service of our patients.

There is of course a great deal more to be done and we are really only at the beginning of a very long journey. Guided

by our wonderful and dedicated Board of Directors and with the collaborative efforts from our partners, much of our initial efforts have been to put in place the fundamental building blocks for a truly integrated care delivery system that will benefit all Singaporeans. Together, we have made tremendous progress, and in a relatively short period of time.

Team AIC

Besides the immense personal satisfaction which I gain from working in the ILTC, primary care and community mental health sectors, it is also the collaborative spirit within Team AIC that spurs me on every day. The commitment and zest of my colleagues have supported me through these challenging early years. The many bold new and innovative ideas, late night discussions, joint learning sessions and purposeful execution of our initiatives have given me and my team great joy. We have also together started to put in place a culture of excellence within AIC.

Our mission is an ambitious one, and we certainly will not be able to achieve it on our own. We can only do so with excellent and sustained partnerships and continued industry and government support. The urgency to effect change and improvements in our health system will undoubtedly increase as our population ages. At AIC, we are committed to keep providing value-added support, facilitation and resources to our clients and partners so that our population may live well and with peace of mind.



Dr Jason Cheah
Chief Executive
Officer

Our Organisation*



Care Integration Division

The Care Integration Division oversees the transition of patients across different levels of care through case and referral management and the development of new clinical services in the community sector. It coordinates care for patients and caregivers through assessment of patient's needs and matching of the right services to the right patients.

Community Care Development Division

The Community Care Development Division, in partnership with service providers, works actively towards building an excellent community healthcare sector through initiatives that enhance its workforce and organisational capabilities, bettering effectiveness and efficiencies with continuous improvements.

Community Mental Health Division

The Community Mental Health Division works with partners to strengthen and build up the range of community mental health support mechanisms and services to enable person-centred integrated care to be delivered in the

community and provide support for patients and their family members.

ILTC People Excellence Office

The ILTC People Excellence Office partners Intermediate and Long-Term Care (ILTC) institutions on their journey towards People Excellence through programmes, benchmarking and sharing of best practices to enhance and build leadership and Human Resource capabilities.

Health Information and Innovation Division

The Health Information and Innovation Division builds up information and knowledge resources for AIC and the community care sector to guide policy, planning and action. The division also works with industry partners to embrace innovation and productivity and drive growth in the ILTC sector.

Regional Health Systems and Primary Care Development Division

The Regional Health Systems and Primary Care Development Division works with partners to

jointly create a more seamless and integrated healthcare system through facilitating integration projects involving partners across the primary, acute, ILTC and home care sectors, and the development of primary care and home care sectors.

Corporate Services and Strategy Division

The Corporate Services and Strategy Division supports AIC and divisions to achieve their desired outcomes, objectives and goals. The division comprises Corporate and Marketing Communications, Corporate Development, Finance and Administration, and Human Resource.

Information Technology Division

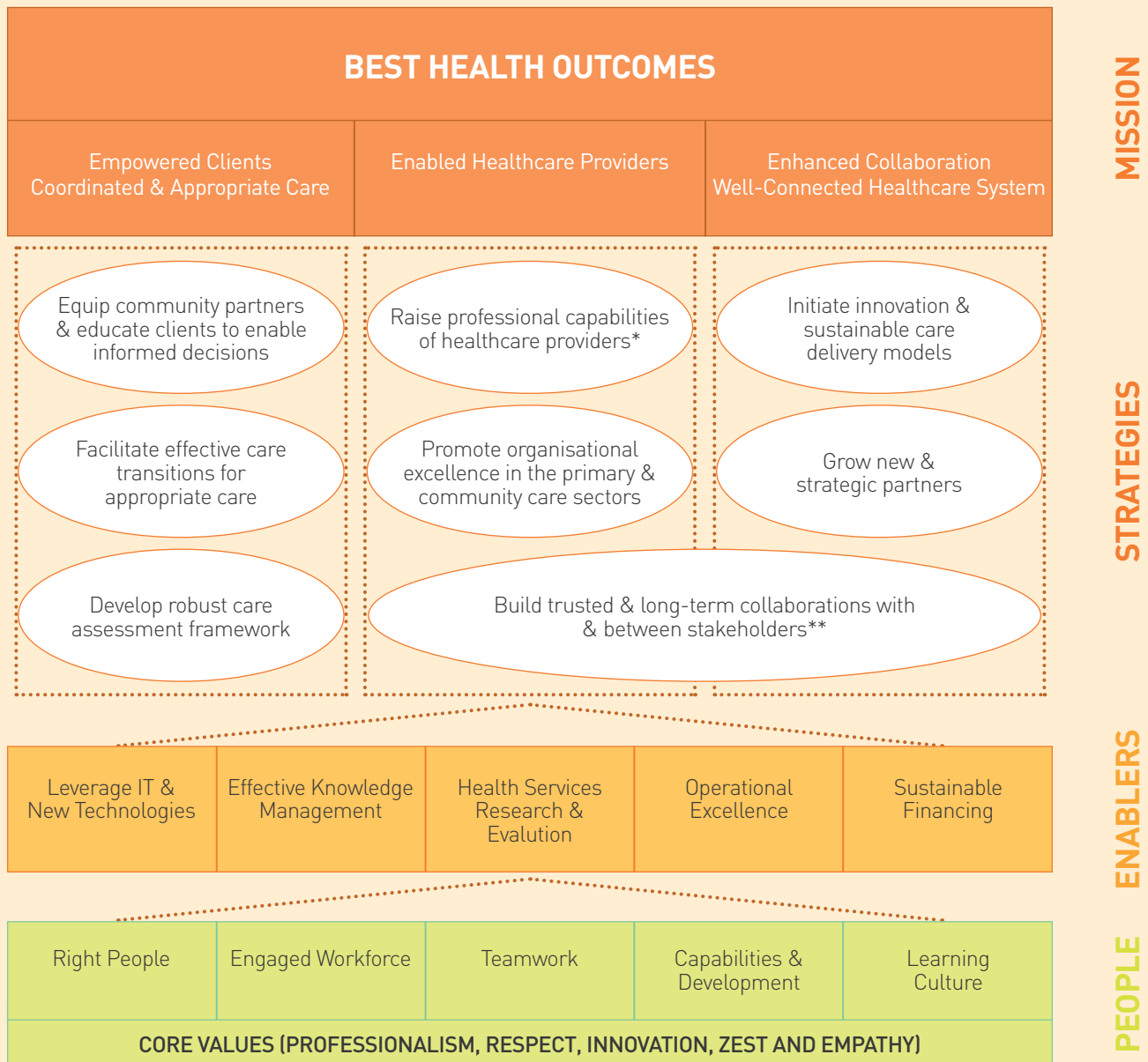
The Information Technology Division enables AIC and its primary care and ILTC partners to use the efficiency and analytical capabilities of Information Technology to achieve their strategic goals and to operate as effectively as possible.

*From 1 July 2011

Our Strategy

The AIC Strategy Map represents AIC's commitment to achieve best health outcomes for our patients through (1) Empowering our clients and coordinating access to appropriate care, (2) Enabling healthcare providers in the primary and community care sectors, and (3) Enhancing collaboration to foster a well-connected healthcare system.

To achieve this, AIC and our people commit to always pursue excellence, embrace learning, be bold and open to new ways of thinking and doing things, and to carry out our work focused on the patients and families whom we serve.



* Healthcare providers refer to Intermediate and Long-Term Care (ILTC) and primary care providers.

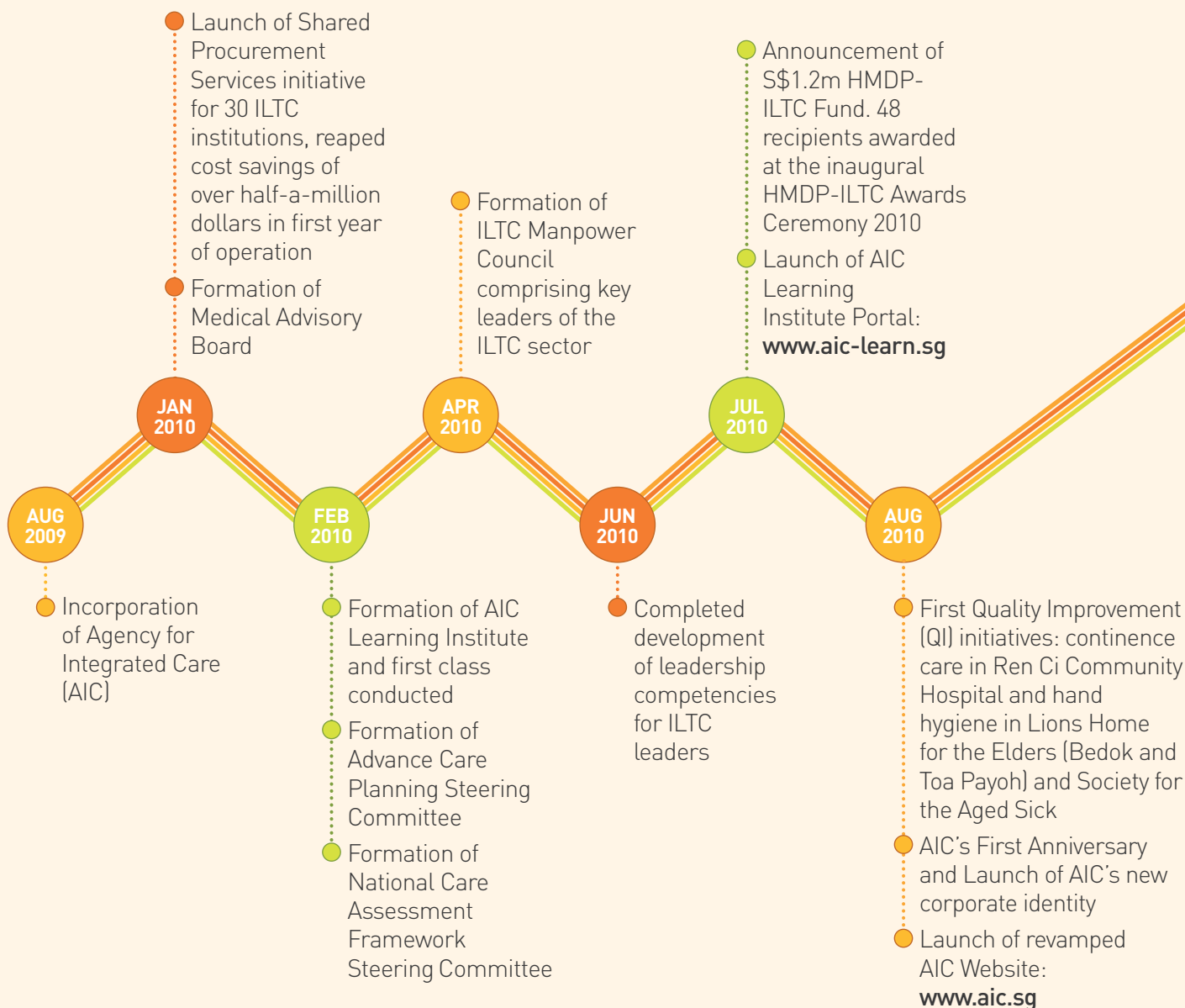
**Stakeholders refer to public and private healthcare providers, community partners and government ministries and agencies that AIC will work with to fulfil our Mission.

Our Journey

Our journey began in 1992 as the Care Liaison Services (CLS) under the Ministry of Health (MOH) to coordinate and facilitate the placement of elderly sick to nursing homes and chronic sick units.

In 2001, CLS became the Integrated Care Services (ICS) under the joint-auspices of the National Healthcare Group (NHG) and the Singapore Health Services (SHS). The ICS was expanded and took on a greater role in discharge planning and facilitating the transition of patients from hospitals to the community. It was renamed the Agency of Integrated Care (AIC) in 2008.

The AIC of today was established as an independent corporate entity under MOH Holdings in 2009, and assumed the role of National Care Integrator. AIC is committed to achieving better health outcomes for patients through the coordination and management of patient referrals to the spectrum of Intermediate and Long-Term Care services (ILTC) and supporting the growth and development of the primary care, ILTC and community mental health care sectors.







Empowering Clients and Coordinating Access to Appropriate Care

At the patient level, AIC develops and promotes client-centric initiatives to help patients, their family members and caregivers to navigate the healthcare system with ease and confidence. Well-coordinated transitions enable patients to receive the best-suited care in appropriate settings and achieve better health outcomes.





- 01 Case Manager Ms May Chan helping her patient manage her medication better.
- 02 A simple D.I.Y way to remember when and which medication to take.

Aged Care Transition (ACTION) Project

The Aged Care Transition (ACTION) initiative is a S\$22 million project over four years, and helps patients transit to their home or the community after leaving the hospital. Majority of the patients have multiple chronic illnesses and disabilities which require continuing care.

The ACTION teams of care coordinators - nurses, social workers or Allied Health Professionals (AHP) - are presently based in National University Hospital, Changi General Hospital, Tan Tock Seng Hospital, Singapore General Hospital, Khoo Teck Puat Hospital and the National Heart Centre as well as some community hospitals. Their care takes many forms. They assess the needs of their patients, monitor their progress and help settle patients at home or at an Intermediate and Long-Term Care (ILTC) institution when they leave the hospitals. If necessary, they also visit the homes of these patients to do home assessments, explain medication management and reinforce caregiver training. Over 14,000 patients have benefited from the work of the ACTION teams. The average readmission rate for these patients has declined from 9.7% in 2009 to 7.3% in 2010. Last October, the AIC ACTION project received a Merit Award for "Best Innovative Project" from the Ministry of Health.

Promoting Continuity of Care with e-Referral Systems

With the introduction of several e-referral systems by AIC, referral transfer across the healthcare continuum has become more seamless and efficient. The first community hospital e-referral systems were introduced in 2008 at Changi General Hospital and Tan Tock Seng Hospital. Implementation at the National University Hospital, Khoo Teck Puat Hospital, and Alexandra Hospital soon followed.

New e-referral systems were also developed to track referral movement into hospices, day rehabilitation centres and homecare. These were implemented at Tan Tock Seng Hospital, National Cancer Centre, National University Hospital, Alexandra Hospital, and most recently, Khoo Teck Puat Hospital. With these systems, patients with chronic conditions and disabilities can enjoy better continuity of care as their clinical data is accurately captured and securely accessed by each healthcare provider, even as they move from one care setting to the next.

Community Needs Study

A Community Needs Study was undertaken to determine factors that affect the utilisation of ILTC services and gauge the perceptions of these services among users and non-users. Carried out through in-depth interviews and a survey with caregivers and care recipients in two phases, hospital staff and medical social workers were found to be main sources of information for structured ILTC services in Singapore. The use of these services were largely dependent on caregivers' family and work commitments, perceptions, financial resources, time, and availability of other caregivers as well as the physical and mental conditions and perceptions of care recipients. The results also showed that users of community-based services regarded the services as complementary to informal care while non-users generally felt the services were unnecessary, with nursing homes generally seen and used as a last resort. Other factors identified were proximity of ILTC services, transport availability and costs.

Such findings will be instrumental in enabling AIC to identify areas where both structured and informal services are lacking, spearhead measures to close service gaps, to improve perception of the sector and increase up awareness of ILTC programmes and services.

Evaluation of ACTION Programme

A survey was conducted from June 2008 to November 2009 to access the impact and satisfaction level of patients and caregivers with the services provided by the ACTION Team Care Coordinators. It was spearheaded by AIC's Research, Health Information Management and Evaluation (RHIME) team. Preliminary results showed that 69% of patients and caregivers surveyed gave either a 'Good' or 'Excellent' rating for the ACTION programme. The data collected will enable AIC to better understand patients' needs and improve on the quality of care transitions.

Touched by an Angel

When he was diagnosed with coronary artery disease, Mr Tan Choo Kuan and his family faced a series of stressful personal and familial challenges. With the help of a Care Coordinator, Mr Tan's life has improved tremendously.

As an art teacher and artist, 79-year-old Mr Tan Choo Kuan took care of his health with the same attention to detail as he did with his paintings. So when Mr Tan was diagnosed with coronary artery disease, it came as a nasty surprise.

His heart problems came with a series of complications – kidney failure, water retention and constant pain in his stomach, legs and feet. Walking, let alone exercising, became difficult.

His medication management also became an issue. "With so many medications to worry about, it's difficult to remember which medicine to take, when to take these medications and how much to consume. For old people like me, it's very challenging," Mr Tan said.

He wasn't the only one facing challenges. Even though his family continued to be Mr Tan's caregivers, the stress of care-giving constantly weighed in on family members.

"The stress was felt by everyone in the family. My father didn't have a medical professional to turn to, and the family couldn't answer his questions. It was a very troubling period of time," said Mr Tan's daughter, Ms Tan Teng Teng.

Fortunately for Mr Tan, Care Coordinator Ms Suvian Toh from Khoo Teck Puat Hospital, contacted the family. Suvian's assistance and regular visits to the family helped them improve their lives.

Suvian educated the family on monitoring Mr Tan's daily fluid intake and encouraged them to take neighbourhood walks to help strengthen Mr Tan's legs. She also created a medication chart for Mr Tan and scheduled follow-up appointments to address his concerns.

For Mr Tan, it was like being touched by an angel. "Her [Suvian] presence is really calming to me," Mr Tan said. "Not only is she kind and understanding, she also feels like a family member. We are all very thankful for her work around here."



- 01 Demonstrating the features of Singapore Silver Pages to Ms Yong Ying-I, Permanent Secretary, Ministry of Health.
- 02 Singapore Silver Pages brought alive at the 50+ Expo.
- 03 04 Educating the public on ILTC services at roadshows.



Advance Care Planning

Advance Care Planning (ACP) involves conversations between healthcare professionals, patients and their family members about the patient's future healthcare plans. Having these discussions can reduce crisis decision-making and ensure that medical decisions are made in the patient's best interest. AIC, together with the ACP Steering Committee, has facilitated training for over 170 ACP facilitators and organised awareness talks for healthcare staff in restructured hospitals, nursing homes, hospices and dialysis centres. Additionally, AIC has worked with the Office of the Public Guardian to ensure that our ACP efforts dovetail with the recently enacted Mental Capacity Act.

National Care Assessment Framework

AIC, supported by industry partners, has laid the groundwork for a National Care Assessment Framework (NCAF) which streamlines, standardises and enhances the process of identifying the right services to the right patients. A vital component of NCAF is the Inter Resident Assessment Instrument (InterRAI), a suite of care assessment tools that is validated and used across different countries. It is being piloted by AIC in collaboration with the Ministry of Health in the hospitals and nursing homes. It helps to ensure that more patients are placed into the right care settings.

The pilot will be rolled out at the National University Hospital, Alexandra Hospital, Changi General Hospital, Khoo Teck Puat Hospital and Tan Tock Seng Hospital. In addition to the nursing homes, two home care providers will be involved in the pilot programme for care planning.

Singapore Silver Pages

Singapore Silver Pages, the first of its kind in Asia, contains a wealth of ILTC-related information and services. Launched in February 2011, the web portal is a "one-stop shop" where information and resources are tailored for an individual requiring or giving care. It receives an average visitorship of 26,000 per month. Users can easily access a simple online assessment tool to make a preliminary assessment of their care needs, locate service providers such as day rehabilitation centres and home care services, and find out about meal types and fees.





They can also find and compare different types of healthcare products that are best suited for their needs and within means, know more about chronic conditions and how to cope with them, access care-giving tips, and even request for real-time assistance through an online chat line.

By pooling together the ILTC information in Singapore, the Singapore Silver Pages is a step towards greater integration of the ILTC sector. AIC plans to expand the portal to include information on community mental health in October 2011.

Key Features of Singapore Silver Pages

- Directory of Health-related information
- Directory of Healthcare Service Providers
- Directory of Healthcare Products
- Online Helpdesk
- E-application for ILTC services

Public Education and Community Engagement

The AIC Community Engagement team partners community stakeholders to inform and educate the general public on ILTC services. Information on care initiatives are shared through Community Development Councils (CDCs), Citizens' Consultative Committees (CCCs), Community Clubs (CCs), community leaders and national policy advocates. In August 2010, AIC became a Member Agency of the North-East CDC's Community Care Local Network (CLN).

In April 2011, AIC participated in the three-day '50+ Expo'. Organised by the Council for the Third Age (C3A), some 12,000 people visited the Singapore Silver Pages booth. They also played interactive games designed to deepen their understanding of the ILTC services. 98% of visitors surveyed found the Singapore Silver Pages useful and indicated that they would recommend the portal to their family and friends.

NEXTSTEP

NEXTSTEP, a quarterly community newsletter launched in January 2011, provides information on care options and ILTC-related resources to the public. With a current circulation of 10,000, NEXTSTEP regularly features healthcare professionals and caregivers, caregiving tips and product guides. It is another tool which patients, their family members and caregivers can use to make informed healthcare decisions.



Enabling Stakeholders to Strengthen the Primary and Community Care Sectors

AIC partners healthcare providers in the primary and community care sectors to raise their professional capabilities, identifies new learning and development opportunities and organises various forums for knowledge sharing.





**HAND
HYGIENE**

**HOW MANY
TYPES OF
HEALTHCARE
SETTINGS?**

**YOU STAY
ON HAND
HYGIENE?**

**THE FIVE MOMENTS
FOR HAND HYGIENE?**

just seven...
healthcare...
simple to...
saves l...

social, antiseptic

ACT NOW

the...
then...
second...
Let han...



AIC Learning Institute

The AIC Learning Institute, established in February 2010, serves as a focal point for intermediate and long-term care (ILTC) workforce capability development and partners ILTC institutions to inculcate a lifelong learning culture. The Learning Institute develops structured and skills-based short courses that are relevant and affordable for these institutions. It has organised more than 2,000 training places for clinical, management and administrative staff in areas such as quality improvement, care coordination, and human resources management, among others. Feedback from course participants has been positive and the Learning Institute will continue to work with industry partners to jointly develop future programmes. By August 2011, a Learning Management System to enable individual institutions to manage their employees' training needs and development more systematically will be introduced for the ILTC institutions.

The ILTC Manpower Council

The ILTC Manpower Council, an industry-led group supported by AIC and represented by Ministry of Health and Ministry of Health Holdings, was formed in April 2010 to spearhead manpower development initiatives for the community care sector. The three taskforces of the Council – Leadership Development, Skills and Career Development and Sector Promotion – champion specific sectoral concerns and collaboratively guide the development of ideas and initiatives. Among the key achievements of the Council are the definition of leadership competencies for ILTC leaders and agreement to develop a campaign to raise awareness and interest in ILTC jobs.

- 01 A Learning Institute participant from the "LEAN - Training Within Industry" course giving a presentation to fellow course members.
- 02 Group discussion session taking place in one of AIC Learning Institute's classroom sessions.
- 03 Dr Dennis Kodner opens the conference with his plenary session on "Integrating Health Systems, Services and Care: What Works and How?"
- 04 Ministry of Health's Permanent Secretary and Guest-of-Honour Ms Yong Ying-I, giving her opening address at the conference.
- 05 A breakout session chaired by AIC Board Chairman Dr Jennifer Lee.
- 06 Over 1,200 delegates attended the conference over two days, making it the largest conference on integrated care ever organised.
- 07 Overseas speakers (from left to right): Dr Dennis Kodner, Dr Chad Boulton, Dr Nick Goodwin, and Dr Bert Vrijhoef.

Manpower is the major challenge facing ILTC providers as they try to increase quality, capability and capacity. The establishment of the AIC Manpower Council is a powerful reminder that together, the providers can do much to work collectively with the authorities and to effect positive changes. We, who are at the forefront of care provision, know what works and what doesn't.

Dr Loh Yik Hin

Chief Executive Officer,
St Andrew's Community Hospital
Chairman, ILTC Manpower Council



03



04



05

Inaugural Asian Conference on Integrated Care

In February 2011, AIC in partnership with the National Healthcare Group (NHG) and Workforce Development Authority (WDA), organised the inaugural Asian Conference on Integrated Care. Based on the theme "Integrate Now, Create Health", the conference featured over 60 topics covering the latest trends and strategies on healthcare integration, leading care delivery practices and effective resource management to sustain healthcare reforms in Asia. Leading international experts including Dr Dennis Kodner, Director and Professor of Medicine & Gerontology at the New York Institute of Technology Centre for Gerontology & Geriatrics, Dr John Øvretveit, Director of Research and Professor of Health Care Innovation at the Karolinska Institute, and Dr Chad Boulton, Lipitz Professor of Health Policy and Management at the Johns Hopkins Bloomberg School of Public Health, shared experiences, practices and challenges to integrating care. The two-day conference attracted over 1,200 local and international delegates, making it the single largest conference on integrated care ever organised.

"The quality of the pre- and post- conference workshops, and that of the speakers and sessions during the 'main event', was very high and in no other environment have I uncovered a conference with such high levels of attendance and a truly global reach of views. I certainly departed more encouraged and more knowledgeable about the issues related to integrated care. The event also helped to create a new network of colleagues in many different countries through which to do work with."

Dr Nick Goodwin

Senior Fellow
The King's Fund, UK



06



07



Tote Board Community Healthcare Fund

In February 2011, the Tote Board generously committed another S\$100m to the Tote Board Community Healthcare Fund for three years from 2011. Jointly administered by AIC and the Ministry of Health, the Fund supports programmes on public health education, preventive care, new ILTC services, and capacity building projects. It is expected to help some 140 community healthcare providers to improve and develop programmes. Providers such as Ren Ci Nursing Home and Villa Francis Home for the Aged are already benefiting from the Fund to improve continence care at their homes. Other AIC-assisted initiatives include medication management programmes for Ling Kwang Home for Senior Citizens, St Joseph's Home and Grace Lodge.

- 01 Beneficiaries of the Tote Board Community Healthcare Fund with Ms Tan Hwee Bin, Board member and Dr Jason Cheah, Chief Executive Officer of AIC.
- 02 Mdm Eu (middle) with helper, Ms Antik (left), and Ms Sandy Goh (right), Occupational Therapist, TOUCH Caregivers Support.
- 03 Ms Aye Malar of St Andrew's Community Hospital receiving her HMDP-ILTC award from Mr Hawazi Daipi, Senior Parliamentary Secretary, Ministry of Health and Ministry of Manpower.
- 04 INSEAD-AIC-NCSS Executive Education Scholarship MOU signing ceremony with J. Frank Brown, Dean of INSEAD, Ms Ang Bee Lian, Chief Executive Officer of National Council of Social Service (NCSS), and Dr Jason Cheah, Chief Executive Officer of AIC.



Photo credit: TOUCH Community Services

One service that has benefited from the Tote Board Community Healthcare Fund has been the TOUCH Caregivers Support (TCG) Care Line. Providing caregivers a listening ear and practical caregiving advice, the Care Line has assisted more than 1,000 caregivers since its inception in 2010.

Mdm Eu is one such caregiver. When she hired Ms Antik, a domestic helper to assist in caring for her wheelchair-bound mother-in-law, Mdm Eu faced a challenge guiding Ms Antik as she had no formal training or care-giving experience. Through contact with the Care Line, Mdm Eu and Ms Antik learnt about care-giving courses they could attend together, ensuring better care for her mother-in-law. TCG's Occupational Therapist, Ms Sandy Goh, also drafted a daily schedule, which included feeding times, a turning schedule to prevent pressure sores and other initiatives to assist Ms Antik in her caregiving work.

Through providers like TCG Care Line who offer practical assistance and a wide range of home-based and support services, caregivers like Mdm Eu are able to alleviate some of the pressures of caring for loved ones who are ill, while keeping them within their preferred familiar surroundings.

Health Manpower Development Programme–Intermediate and Long-Term Care

The S\$1.2 million Health Manpower Development Programme–Intermediate and Long-Term Care (HMDP-ILTC) training grant supports advanced skills training of healthcare professionals to improve the quality and range of elderly and continuing care services in Singapore. The Fellowship Scheme supports skills acquisition and upgrading at local or overseas healthcare institutions while the Visiting Experts Scheme brings in renowned experts to Singapore to share best-in-class training and fresh perspectives. A total of 74 ILTC professionals have benefited from the HMDP-ILTC and six ILTC organisations have hosted visiting experts.

“HMDP-ILTC has allowed me to fulfil my dream of upgrading myself without financial worries. This has enabled me to fully concentrate on my studies and contribute back to society.”

Ms Tilda Teo

Senior Physiotherapist
St Andrew's Community Hospital
Received a HMDP-ILTC award in
2009 to take up a Master of Science
in Physiotherapy at the Hong Kong
Polytechnic University



Temasek Cares–Healthcare Building Capability Project

AIC and Temasek Cares are working together to attract new talent into the ILTC sector by offering study and training awards worth S\$250,000. Presented under the Temasek Cares-Healthcare Capability Building Project, the study awards are given to students pursuing Diplomas in Nursing, Occupational Therapy and Physiotherapy. Upon graduation, these students will work at the ILTC institutions. To date, three students have benefited from this project.



INSEAD-AIC-NCSS Executive Education Scholarship

In November 2011, AIC received from INSEAD, a leading international business school, five scholarships, worth more than S\$350,000. These scholarships will be offered to five senior executives from ILTC institutions to attend INSEAD management courses designed to enhance and hone their business and management skills.

ILTC Innovation Fund

The ILTC Innovation Fund was rolled out in January 2011 to encourage innovative practices that boost productivity and raise the quality of care. Each project can receive funding capped at S\$200,000 for up to two years. The first three projects, totalling S\$185,000, funded under this new initiative are:

- Impact evaluation study for the “Singapore Programme for All Inclusive Care for the Elderly (SingaPACE)” project – Tsao Foundation/Duke-NUS;
- To measure improvement in the nutritional status of inpatients – Ang Mo Kio-Thye Hua Kwan Hospital;
- “Guided Autobiography Group” to help nursing home residents re-experience parts of their past to aid in dementia prevention – Peacehaven Nursing Home.

Building a better future with HMDP-ILTC

Medical social worker Ms Cheung Siew Li, a two-time HMDP-ILTC award recipient from St Luke's Hospital, tells us how attending training courses under the programme keeps her motivated at work.

Starting off as a social worker at a family service centre, Ms Cheung Siew Li joined the ILTC sector in 2006 and became a medical social worker in St Luke's Hospital. She has not looked back since.

"I did not initially plan on joining [the ILTC sector]," admits Siew Li. "It was just a timely opportunity. But I realised the longer I stayed, the more passionate I became, and the more I wanted to contribute to the sector."

After her first two years in St Luke's Hospital, Siew Li developed an interest in dementia care and applied for an attachment under the Fellowship Scheme (Overseas) of the HMDP-ILTC programme. During her six-week stint at St Vincent's Hospital's Aged Care Services in Melbourne, Australia, she acquired much knowledge and skills in area of dementia care. Back home in Singapore, the training she acquired helped her and her team to enhance the quality of care of the dementia ward in St Luke's Hospital. Among other achievements, she developed a dementia resource book for caregivers together with her team.

"The HMDP-ILTC programme is a valuable resource for the ILTC sector," she said. Previously, the ILTC sector, comprising mostly voluntary welfare organisations have limited funds for training. "In order to create quality care, you need to build up capacity and capability through training. ILTC staff require ongoing training to stay relevant and well equipped to do their work well."

The HMDP-ILTC programme sets out to do just that.

Her passion and dedication to continue upgrading her skills as a medical social worker led to her second HMDP-ILTC award in 2010, this time for a Graduate Diploma in Healthcare Management and Leadership. "HMDP-ILTC gave me the opportunity to gain knowledge and better my skills and capabilities," she said.

The training she received under her second HMDP-ILTC award has allowed her to better analyse and solve challenges on the ground. She hopes more ILTC employees will tap on the programme to help reach their full potential.

"HMDP-ILTC focuses on a key element of the ILTC sector: People." She said, "You might have cutting-edge technology and treatment, but it's the direct patient care that really makes a difference."





Organisational Excellence and Quality Improvement Initiatives

AIC partners ILTC institutions in their journey towards Organisational Excellence (OE). We have suggested resources and supported providers seeking to implement OE initiatives including HR planning, manpower development and IT projects.

A key feature of OE is the Quality Improvement (QI) movement. It is a commitment to continuous learning and improvement to provide better quality of care. QI projects launched since 2010 include medication management, continence care, hand hygiene, falls prevention and enteral feeding. The hand hygiene project, for instance, has resulted in improved hand hygiene standards and practices at the participating nursing homes – Lions Home for the Elders, and Society for the Aged Sick. Inventory management is the latest QI project introduced in April 2011. To date, 14 nursing homes have participated in at least one QI project.

Shared Procurement Services

The AIC-led Shared Procurement Services project aggregates the purchase of key medical supplies for ILTC providers, saving them money and streamlining their purchasing process. There are currently 30 voluntary welfare organisations (VWOs) participating in the project and they are already reaping cost benefits of over half-a-million dollars in the first year of operation.

AIC's Shared Procurement Services initiative especially helps small- and medium-sized voluntary welfare organisations to enjoy economies of scale, without which they may not be able to get such competitive prices.

Steven Foo
Finance and Admin Manager
Dover Park Hospice

- 01 Lions Home for the Elders' staff sanitising her hands at one of their alcohol handrub points-of-care.
- 02 Staff from Society for the Aged Sick assessing the efficacy of their hand hygiene technique via an ultraviolet lamp.
- 03 Happy participants showing off their clean hands at Hand Hygiene day celebrations.
- 04 Launch of Shared Procurement Services pilot at Peacehaven Nursing Home.

Improving Quality of Life: Continence Care Project at Ren Ci Nursing Home

A team of nursing staff at Ren Ci Nursing Home recently changed the life of a 58-year old woman in a very significant way. In early November, after a two-and-a-half-year stay, she returned home to live with her family again. The woman had participated in the home's four-month continence care project and was able to return home as she had successfully been weaned off four diapers a day to just one a night.

Funded by the Tote Board, this quality improvement (QI) project, facilitated by AIC, aims to promote and implement continence care in selected homes using QI methodology. QI focuses on innovating and continuously improving systems and processes in all aspects of care with the aim of building safer, more efficient and cost-effective systems that deliver better quality healthcare to meet patient's needs. This was the first continence care project for Ren Ci Nursing Home. Villa Francis Home for the Aged embarked on the same project in December 2010, and Bright Hill Evergreen Home followed in April 2011.

Reflecting on their learning journey as the QI project drew to a close in December 2010, the 90 participants felt it was very beneficial, not only for residents, but for themselves.

Said Ms Nyein Nyein Aye, an Enrolled Nurse: "I have gained a lot of knowledge and clinical skills and am now able to monitor bladder function and do bladder scans." Enrolled Nurses Ms Zhang Zhen and Ms Chen Xiao also shared that the project has taught them to differentiate the different types of incontinence and implement appropriate treatment.

Describing aspects of the project as an "adventure", Ms Chen Xiao recollected how staff had to use persuasion skills to encourage residents to come onboard the project, especially those that had habituated to using diapers. The importance of teamwork and documentation was also emphasised as continence care requires regular charting of daily fluid intake and amount of output each time.



Demonstrating the use of a bladder scanner to participants at Ren Ci Nursing Home as part of the Continence Care project under AIC's Quality Improvement initiative.

However, participants unanimously agreed that the project's potential to improve the quality of life for residents has made it all worthwhile. Ms Arvin Maramba Vidal, Nursing Aide, said, "This programme gives us the fulfilment of being able to aid patients in gaining back their self-esteem and self-worth." Summing it up for the group, Ms Madonna S. Mendiola, Nursing Aide said, "It is a great feeling that dreams can become a reality because of this project."

Benefits of the Project

For Patients: Reduction in urinary tract infection and skin problems, and enhancement in self-esteem and dignity, leading to an improved quality life.

For Staff: Improved knowledge and skills to better manage incontinence and to promote continence; improved job satisfaction due to training and skills development, and development of a sense of ownership for staff to lead and support future improvements and changes.

For Nursing Homes: Improvement in patient-centred care; greater teamwork to find solutions to problems in the nursing home; improvement in job satisfaction of care staff, and cost savings from reduced diaper usage.

Enhancing Collaboration to Create a Well-Connected Healthcare System

AIC values its trusted relationships with industry stakeholders. We collaborate, initiate innovative solutions and with support from industry partners, establish sustainable care delivery models that create a holistic healthcare sector.





Regional Health Systems Integration

The Ministry of Health (MOH) is progressively restructuring public sector healthcare institutions into Regional Health Systems (RHS). The focus of RHS is a patient-centric structured range of care. It begins with community-based disease prevention and screening to pick up diseases early. Care coordination, transitional care services and Integrated Care Pathways ensure that patients transit smoothly from one care setting to another. Information Technology (IT) is used to further enhance the delivery of care. Some examples include telemedicine and the secured sharing of patient medical data between healthcare providers.

Towards this vision, AIC works closely with MOH to facilitate partnerships between restructured hospitals, primary care practitioners and the ILTC sector through dialogues and collaborations. MOH has committed S\$50.7 million for the pilot integration projects across the various RHS.

The RHS projects include, among others:

Northern Region

Establishment of a Regional Hub for Nursing Home Care (RHHN) and a Regional Primary Care Network (RPCN) led by Khoo Teck Puat Hospital (KTPH). The RHHN leverages on telemedicine to enhance the delivery of care in nursing homes with support from KTPH. Through the RPCN, KTPH coordinates with General Practitioners in the north of Singapore to provide seamless care to patients cost effectively.

Outram Region

The Standardised Care for Optimal Outcomes, Right-Siting and Rapid Re-Evaluation (SCORE), led by the National Heart Centre Singapore, is a chronic care model that engages patients from the point of admission to the period when they leave and return for check-ups. Patients who are post-ST Elevation Myocardial Infarction (STEMI) and post-Percutaneous Coronary Intervention (PCI) are closely monitored by telecarers who leverage on IT to promote faster right-siting to primary care services.

The Integrated Clinical Care Services (ICCS), a “Virtual Ward” concept, led by Singapore General Hospital, allows patients with high risk of readmissions to be closely monitored upon discharge and be aided by community care services to prevent readmission.

Eastern Region

Eastern Community Health Outreach (ECHO) aims to prevent chronic diseases through community-based health screening and lifestyle-based intervention programmes in the East. The project involves working closely with grassroot organisations such as the Citizens’ Consultative Committee (CCC) to delay the onset of chronic diseases such as diabetes and hypertension amongst residents in the constituencies and encourage them to adopt healthier lifestyles.



02

- 01 A tele-consultation session being conducted by Dr James Low from Khoo Teck Puat Hospital for a resident at St Joseph's Home under the Regional Hub for Nursing Home (RHNH) project.
- 02 One of the many community-based chronic disease prevention activities organised by the Eastern Community Health Outreach (ECHO) in partnership with Changi-Simei grassroots organisations.

Community Health Centres (CHCs) are established to support local general practitioners in managing patients with chronic diseases in the community. These centres provide allied health services, such as eye screening, foot screening and nurse counselling on lifestyle modifications for persons with medical conditions such as diabetes.

The Disease Management Unit (DMU), led by Changi General Hospital (CGH), helps to support persons with chronic diseases living in the east by monitoring their disease progression, coordinating their care and providing them with health education as required. Telecarers are able to do this with the aid of a patient relationship management system.

The Disease Management Team-Transitional Care (DMT-TC), led by CGH, focuses on managing patients with complex medical, nursing and rehabilitation needs and supporting them during their transition from the hospital to the home.

Central Region

The Community Health Engagement Programme (CHEP), led by Tan Tock Seng Hospital (TTSH), keeps the elderly in the community for as long as possible through the provision of early screening and interventions. The programme, which is supported by social service providers such as Family Service Centres and Senior Activity Centres, helps elderly who reside in one- to two-room flats in Ang Mo Kio and Toa Payoh.

The Post-Acute Care at Home (PACH) service involves collaboration between TTSH and community healthcare providers, such as the Home Nursing Foundation (HNF), to provide transitional care to patients with complex medical needs that vary between acute and chronic conditions.



Ms Woon Saet Nyoon, General Manager (left) and Richard Magnus (right), Chairman of Temasek Cares, with a TC-SPICE patient, Mdm Chua Char Bor, at the Salvation Army Multi-Service Centre in Bedok.

Temasek Cares–Singapore Programme for Integrated Care for the Elderly

In October 2010, AIC and Temasek Cares jointly launched the Temasek Cares–Singapore Programme for Integrated Care for the Elderly (TC-SPICE). The care delivery model supports the frail elderly with integrated home and community care facilities and services. Beginning with a one-year trial at the Salvation Army Bedok Multi-Service Centre, the S\$400,000 funding from Temasek Cares goes into the expansion of services beyond the standard provisions at Day Rehabilitation Centres (DRCs). The elderly are well-cared for by a team of visiting Case Managers, nurses, therapists and social workers who tailor a detailed care plan to meet their needs. Other benefits include shower stalls and a rest area, extra meals, and longer operating hours from 7am to 6pm on weekdays. The added services allow more frail elderly to receive needed care within the community during the day and then to return home to be among their loved ones. Presently, there are 25 patients participating in the programme and AIC plans to extend it to other DRCs.

The SPICE of Life

Mdm Lim Teh Sin was diagnosed with Huntington's Disease, a disorder that causes the breakdown of nerve cells in the brain and affects a person's ability to think, talk and move. Instead of staying at a nursing home, Mdm Lim has opted to receive care within the community through the TC-SPICE programme. She shows you how she spends her day at the Salvation Army Bedok Multi-Service Centre, the first SPICE centre in Singapore.

11:30 AM



It's time for lunch – my second meal of the day. There's always someone around to pace my eating so I don't eat too much too quickly.

02:00PM



After lunch, we do a variety of fun group activities. Healthcare aides have us participate and see that we have a good time. Today, we get to play with the big blue ball; just like our good childhood days. It's so fun!

07:30 AM



It's Monday and I've just arrived at Salvation Army Bedok Multi-Service Centre. The transport provided by the centre sends me there so my family doesn't need to bring me to the centre themselves.

08:10 AM



A simple breakfast of bread and butter plus a cup of Milo starts off my day. The meals provided at the centre ensure that we get the nutrition and energy we need for the day.

08:30 AM



After my breakfast, it's time for my medication. My case manager sweet-talks me into taking the medicine, knowing I dislike the taste of it.

10:00 AM



Back then, I used to watch TV at home and laze the whole day. Here, the therapist makes sure that I do a lot of exercises and physical activities to keep fit.

09:30 AM



My favourite activity for the day – shower! My brother and sister used to shower me at home previously, but they don't need to do that now as the centre provides showering services for us.

08:45 AM



It's activity time! I get to do activities that help improve my thinking skills and the way I grip objects with my hands. Look at the colourful blocks that I get to stack, aren't they lovely?

04:00 PM



I'm hungry again after the group activities. I enjoy being here because all meals are provided for – even tea time snacks!

04:15 PM



I really enjoy coming to the centre everyday as there is always someone around to make sure I am well taken care of. I get to interact with the staff and the others who attend the centre.

05:00 PM



It has been an enjoyable day. I'm a little tired after all the activities but happy that I get to see my family when I return home. I'm looking forward to going back to the centre tomorrow!



General Practitioner Engagement for Primary Care Development and Integration

General Practitioners (GPs) in Singapore form an important and significant component in the healthcare sector. To achieve better health outcomes, AIC engages and collaborates with GPs to help them better integrate with other healthcare partners. To understand the needs of the sector and GPs, AIC has carried out a GP survey on chronic diseases, and organised numerous focus group discussions with GPs and other agencies to seek their views and suggestions to improve the sector.

One of the engagement platforms is the Primary Care Pages, a website to be launched in August 2011. The Primary Care Pages will enhance communication within the GP community and between GPs and other partners in the healthcare sector.

AIC also collaborates with Ministry of Health and other healthcare partners to redefine primary care processes and re-engineer systems. For instance, piloting community health centres with team-based care; working with voluntary welfare organisations to increase their primary care support services; enabling GPs to pilot new models of care in medium-sized GP clinics; and working with the private primary care sector to set up family medicine clinics.

To support better care integration, AIC organises professional development programmes to develop and nurture professional capabilities of GPs. These programmes are developed together with the College of Family Physicians and other healthcare organisations.



Expanding Home Care Services

Annually, about 6,000 homebound patients require medical, nursing and therapy services. AIC partners ILTC community service providers to grow home care services to manage the demand for institutionalised care.

TOUCH Community Services

In February this year, AIC, the Centre for Enabled Living (CEL) and TOUCH Community Services signed a Memorandum of Understanding (MOU) for AIC and CEL to establish a new TOUCH Home Care Centre in Jurong. The Centre will provide some 300 residents in the western region of Singapore with home care services.

Home Nursing Foundation

AIC is assisting the Home Nursing Foundation (HNF) as it positions itself for growth and transformation of its care services. HNF aims to provide comprehensive home care to patients and be a leading provider in the home care sector.



“Leadership in any healthcare organisation is very important. Leaders need to understand the policies and processes of Ministry of Health (MOH) to ensure their organisation’s work maintains the standard of care expected. The ILTC CEO Forum allowed us to hear directly from MOH the considerations behind certain policies. It was very useful and I am looking forward to the next session.”

Hisham Abu Bakar Bakti
Centre Manager
Muhammadiyah Health and
Day Care for Senior Citizens
Participant, ILTC CEO Forum

- 01 General Practitioners deep in thought during a discussion session facilitated by AIC.
- 02 Engaging the General Practitioners through focus groups and lunchtime discussions.
- 03 Representatives from TOUCH Home Care, Centre for Enabled Living (CEL) and AIC at the MOU signing ceremony for the expansion of TOUCH Home Care Services in Jurong.
- 04 Deputy Secretary (Ministry of Health), Roy Quek addressing the audience at the inaugural ILTC-CEO forum.
- 05 Ms Doreen Lye, Executive Director of Lions Home for the Elders, providing the audience with a service provider’s point of view.

Creating Platforms and Opportunities for Networking and Collaboration

AIC regularly organises industry-wide events, dialogues, forums and lectures, where healthcare partners and other stakeholders can come together to share, learn, showcase and celebrate.

Inaugural Intermediate Long-Term Care Chief Executive Officer (ILTC CEO) Forum

The first ILTC CEO Forum held in January 2011 was attended by 45 CEOs, Directors and key leaders from 38 ILTC institutions. In addition to a dialogue with Guest-of-Honour, Roy Quek, Deputy Secretary (Ministry of Health), who shared his thoughts on the sector’s manpower challenges, the Forum also included a sharing session by the ILTC Manpower Council.

mosAIC Newsletter

In October 2010, AIC launched its revamped e-newsletter for the sector. Previously known as InTouch, mosAIC is a bi-monthly newsletter that shares AIC initiatives and events, happenings of the sector as well as programmes, training and funding opportunities. The publication’s first three issues were well-received. The publication can be accessed at www.aic.sg/mosAIC/.



“mosAIC is very informative. I especially look forward to the latest ILTC news and upcoming training programmes. It’s light and easy reading.”

Ms Julie Ong Sin E
Day Rehabilitation Centre Manager
Kwong Wai Shui Hospital
Reader, mosAIC

Inaugural ILTC Night



Inaugural ILTC Night attended by some 600 staff and management of ILTC providers.

The inaugural ILTC Night themed “Razzle Dazzle” held at the Grand Copthorne Waterfront Hotel in January 2011 was a night to remember, thanks to the support from leaders and key employees of the ILTC sector. It was a night dedicated to commemorate and recognise the contributions of ILTC organisations and their staff. Some 630 guests from various ILTC partners attended the event, which was graced by then Minister for Health, Mr Khaw Boon Wan. The audience enjoyed a medley of performances by AIC’s Senior Management as well as the singing and dancing talents of six ILTC organisations.





02



03



04



05



06



07

01 Members of AIC's Senior Management team kicking off the event with a dance performance.

02 Combat moves from Lions Home for the Elders.

03 Health Minister Khaw Boon Wan having a chat with Brother Emmanuel Gaudette (left), Chairman of Catholic Welfare Services and Goh Geok Khim (centre), Chairman of Orange Valley Nursing Home.

04 Guests having a photo opportunity with Health Minister Khaw Boon Wan.

05 Mr Khaw with performers from Man Fut Tong Nursing Home.

06 ILTC staff cheering for their colleagues during the announcement of the winners for the ILTC Night Talent Show.

07 Winning team for the ILTC Night Talent Show – Bright Hill Evergreen Home.

08 Ken Lim, celebrity judge of Singapore Idol fame, was part of the judging panel for the ILTC Night Talent Show.



08

Diversity into Integration

From a kernel of 30 dedicated officers and 37 ACTION Team members, Team AIC has grown to 300 strong¹. AIC can only succeed if the organisation and all our employees relentlessly pursue excellence in all we do and constantly find new and better ways to support integration of care to create a better tomorrow for our clients.

¹ As at end-June 2011





Team AIC

Our employees have diverse and interesting backgrounds – from public, private and people sectors, within and outside of healthcare sector, local and overseas experiences – and bring together a wide-range of perspectives needed to chart out new and untested ground in healthcare integration.

Our people are AIC's key assets. AIC is committed to supporting our employees to reach their full potential and to create a workplace environment that empowers and enables them to try out new ideas, create meaningful outcomes and make a difference to improving community care and the lives of patients and families. The AIC workplace is inclusive, collaborative, vibrant, competitive and diverse, the same qualities that we expect the future healthcare system we are playing a part to create to be.

AIC's generative work requires our employees to embrace learning, unlearning and relearning. Employee-led Learning Forums and the Monthly Management Forums focus on peer and group learning whilst structured training courses hone technical skills. With uncharted areas of work, AIC is developing in-house training courses suited to the collaborative, innovative and transformative work AIC employees are carrying out. AIC's core competencies framework guides the development of a systematic learning path for our employees. With emphasis on building up a strong pool of managerial talent, AIC's in-house Management Development Series exposes our managers to core management and people skills, self-awareness tools and personal mastery, perspectives on leadership and happenings in the Singapore healthcare system.



Culture

AIC's culture is underpinned by our Core Values – Professionalism, Respect, Innovation, Zest and Empathy (PRIZE).



-
- 01 Having fun at one of the many activities organised by Club Z, AIC's in-house recreational club.
 - 02 All smiles after a Christmas celebration in the office.
 - 03 Joining hands during a team-bonding session at AIC's Workplan Conference.
 - 04 Coming together to brainstorm new ideas and improvements for our internal newsletter, PRIZE.
 - 05 New-found friends at the Zest Fiesta Onboarding Programme.
 - 06 Sharing by staff and external speakers at our monthly Learning Forums.



“The work of AIC is unique. It bands together individuals from diverse and interesting backgrounds to strive towards a common goal—that is to break new ground in healthcare integration. Although the way ahead for me is new, I am excited to be part of this journey.”

Andrew Thien
Manager
*Regional Health Systems
and Primary Care
Development Division*



“Vision, resilience and the ability to make the impossible, possible. These are some of the qualities that define our leaders in AIC. Our Management team has worked tirelessly to create a workplace for people to grow and be shaped into leaders.”

Ms Susan Lee
Head, Human Resource
*Corporate Services and
Strategy Division*



Ms Shirley Tan
Assistant Manager
*Information
Technology Division*

“Being in a forward looking organisation like AIC, I am constantly challenged to use my IT knowledge and skills to develop innovative systems that can better integrate the ILTC sector.”

“What attracted me to join AIC was the opportunity to learn and contribute to the ILTC sector. I believe the work involved will add breadth and depth to my professional development. There is ‘L.I.F.E’ in AIC – Learning opportunities, Inspiring experiences, and Fulfilling and Enriching work.”

Chia Miang Yeow
Manager
*Community Care
Development
Division*





» I find the work in AIC meaningful. I am passionate about what I do and I look forward each day to making a difference to the lives of the patients we help. »

Ms Nur Shazwani
Referral Coordinator
Care Integration
Division

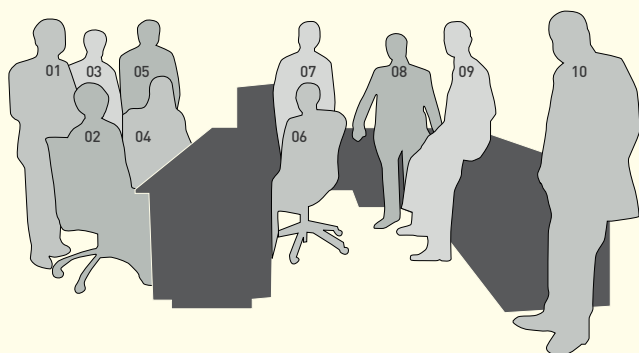


» As a Clinical Dietician previously, I spent most of my time assisting individuals at risk for nutrient deficiencies. Since joining AIC, I remain an advocate for good nutrition and through industry collaboration, have been able to improve the nutritional status of residents at sector level. I feel a great sense of achievement when more ILTC partners champion the need for good nutrition, which translates to better health outcomes for our patients. »

Ms Sarah Sinaram
Senior Executive
Community Care Development Division



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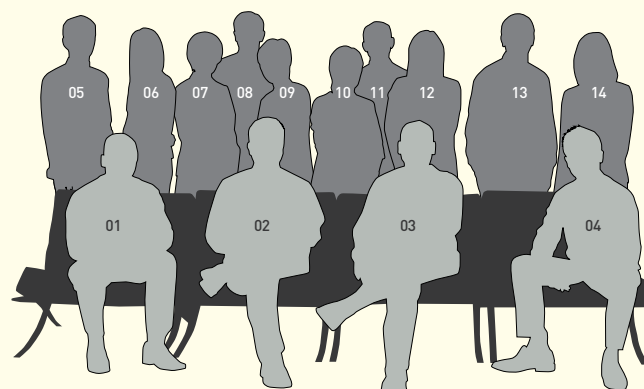
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